

Case Management Steering Committee Charter
QIC Approved September 21, 2020

Committee / Workgroup Name	Case Management Steering Committee
Statement of Purpose	The Case Management Steering Committee, a subcommittee of the Department of Behavioral Health and Developmental Services (DBHDS) Quality Improvement Committee (QIC), is responsible for monitoring case management performance across responsible entities to identify and address risks of harm, ensure the sufficiency, accessibility, and quality of services to meet individuals' needs in integrated settings, and evaluate data to identify and respond to trends to ensure continuous quality improvement.
Authorization / Scope of Authority	The Case Management Steering Committee is authorized by the DBHDS Quality Improvement Committee (QIC). The committee is charged with reviewing data selected from, but not limited to, any of the following data sets: CSB data submissions, Case Management Quality Reviews, Office of Licensing citations, Quality Service Reviews, and DMAS' Quality Management Reviews, WaMS.
Charter Review	The Case Management Steering Committee was established in June 2018. The charter shall be reviewed on an annual basis, or as needed, and submitted to the QIC for review and approval.
DBHDS Quality Improvement Standards	<p>DBHDS is committed to a Culture of Quality that is characterized as:</p> <ul style="list-style-type: none"> • Supported by leadership • Person Centered • Led by staff who are continuously learning and empowered as change agents • Supported by an infrastructure that is sustainable and continuous • Driven by data collection and analysis • Responsive to identified issues using corrective actions, remedies, and quality improvement projects as indicated
Model for Quality Improvement	<p>Determine the:</p> <ul style="list-style-type: none"> • Aim: What are we trying to accomplish? • Measure: How do we know that a change is an improvement? • Change: What change can we make that will result in improvement? <p>Implement the Plan/Do/Study/Act Cycle:</p> <ul style="list-style-type: none"> • Plan: Defines the objective, questions and predictions. Plan data collection to answer questions • Do: Carry out the plan. Collect data and begin analysis of the data. • Study: Complete the analysis of the data. Compare data to predictions. • Act: Plan the next cycle. Decide whether the change can be implemented.

Structure of Workgroup / Committee:	
Membership	<p>CMSC is an internal inter-disciplinary team comprised of the following DBHDS employees with clinical training and experience in the areas of case management, behavioral health, intellectual disabilities/developmental disabilities, leadership, quality improvement, behavioral analysis and data analytics:</p> <p>Voting Members:</p> <ul style="list-style-type: none"> • Director of Waiver Operations or designee • Director of Provider Development or designee • Director of Community Quality Improvement or designee • Settlement Agreement Director • Two Quality Improvement Program Specialists • Representative, Office of Data Quality and Visualization <p>Advisory Members (non-voting):</p> <ul style="list-style-type: none"> • QI/QM Coordinator • Other internal members as determined by the committee
Meeting Frequency	The committee will, at a minimum, meet ten times a year; additional meetings may be scheduled as determined by the urgency of issues.
Quorum	A quorum shall be defined as 50% plus one of voting membership.
Leadership and Responsibilities	<p>The Director of Provider Development shall serve as chair and will be responsible for ensuring the committee performs its functions including development of meeting agendas and convening regular meetings.</p> <p>The standard operating procedures include:</p> <ul style="list-style-type: none"> • Development and annual review and update of the committee charter • Meet regularly to ensure continuity of purpose • Maintain reports, meeting minutes, and/or actions taken as necessary and pertinent to the subcommittee's function • Analyze data to identify and respond to trends to ensure continuous quality improvement • Recommend quality improvement initiatives, which are consistent with Plan, Do, Study, Act model. <p>The CMSC will:</p> <ul style="list-style-type: none"> • Establish a process to review a sample of case management contact data each quarter to determine reliability and provide technical assistance to CSBs as needed • Establish process to monitor compliance with performance standards • Analyze data and monitor for trends quarterly

	<ul style="list-style-type: none"> • Provide to the QIC recommendations to address non-compliance issues with respect to case manager contacts for consideration of appropriate systemic improvements and the Commissioner for review of contract performance issues • Review and analyze CM data submitted to DBHDS related to the ten elements and at an aggregate level to determine CSB's overall effectiveness in achieving outcomes for the population they serve (such as employment, self-direction, independent living, keeping children with families) • Produce a semi-annual report to the DBHDS QIC on the findings from the data review with recommendations for systemic improvement that includes: analysis and findings and recommendations based on review of the information from case management monitoring/oversight processes including: data from the oversight of the Office of Licensing, DMAS Quality Management Reviews, CSB Case Management Supervisors Quarterly Reviews, DBHDS Office of Community Quality Improvement retrospective reviews, Quality Service Reviews, and Performance Contract Indicator data • Analyze CM Quality Review data submitted to DBHDS that reports on CSB case management performance • Provide technical assistance to individual CSBs as needed • Ensure CSBs receive their case management performance data semi-annually at a minimum • Track cited regulatory non-compliance correction actions to ensure remediation • Establish process for annual retrospective reviews to validate findings of the CSB case management supervisory reviews; process includes sample stratification, quantitative measurement of both CSB and DBHDS Quality Improvement record reviews and inter-rater reliability process for DBDHS Quality Improvement staff • Review the results of other data reports that reference case management and make recommendations for systemic improvements as applicable • Establishes two indicators in each of the areas of health and safety and community integration and based on review of the data from case management monitoring processes • Establishes performance measure indicators (PMIs) that align with the eight domains • Monitors progress towards achievement of identified performance measure indicators (PMIs) and for PMIs falling below target, determine actions that are designed to raise the performance • Assess PMIs overall annually and based upon analysis, PMIs may be added, revised or retired in keeping with continuous quality improvement practices • Recommend quality improvement initiatives (QIIs) to the DBHDS Quality Improvement Committee (QIC) (at least one per fiscal year, based on data analysis) • Implements approved QIIs within 90 days of the date of approval • Monitor progress of approved QIIs assigned to the workgroup and address concerns/barriers as needed • Evaluate the effectiveness of the approved QII for its intended purpose • Report to DBHDS QIC for oversight and system-level monitoring at least three times per year including identified PMIs, outcomes and QIIs • Demonstrates annually at least 3 ways in which data collection and analysis has been used to enhance outreach, education, or training
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